

migration control, and this control must not be a matter of mere opportunism.

The second great American problem stressed by Jenks is the negro problem. We in California have no negro problem, but we must remember that one out of every ten persons in the United States is a negro, and that in many large sections the ratio in which the negro outnumbers the whites is rapidly increasing. Practically nothing of scientific anthropologic value is known today about the American negro. Reflection on what Jenks calls the four great negro movements in America shows at once the essential anthropologic nature of the entire problem, as well as the deep significance of its proper solution in the interest of national advance and survival. The first movement is that of negro segregation as already mentioned. This is going forward in at least three great areas where negroes flourish better than whites. The problem lies in the nature of the culture and the character of the negro being evolved. The second movement is the steady migration of negroes from south to north. Until lately the negro and the north have been comparative strangers. The recent widespread race riots give food for sober thought. As if to make a bad matter worse, some 6000 alien negroes yearly enter the United States, chiefly from the West Indies.

The third great movement is the trend to amalgamation of negroes and whites. This is most pronounced among the newer immigrants from Europe, many of whom, as for instance the Italians, lack the intense race prejudice against the negro, which is so universal among American whites. The anthropologic study of mixed breeds is a matter of moment and extreme national value. The fourth great movement is the trend of the increasing political power of the negro and the possibility that as an outgrowth of his treatment in the past, that power may be wielded in the interest of a racial group in our body politic.

Certainly no such suggestive thesis with such convincing illustrations as the two denoted, can be suffered to pass without thoughtful consideration. Anthropology plays a far larger role in the art and practice of medicine than many of us have realized. It is high time that this science should receive the encouragement and popularization which its importance justifies.

Original Articles

THE REVERIES OF A GENERAL PRACTITIONER. *

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Beginning my medical education in a period when antiseptic surgery, not aseptic, was the only known method, when bacteriology was but newly recognized as a scientific fact by certain physicians, and many medical colleges had but recently established a chair of it, it has, of course, been my good fortune in the twenty-five years that have elapsed to have noted many changes and much increase in medical knowledge.

The surprising thing to me has been in thinking over this tremendous progress in our knowl-

edge of the cause and treatment of disease, that so little credit has been given the profession by the lay public; and yet, if we pause to consider the things unknown to us, the tremendous number of conditions confronting us, of which we have little definite knowledge, we must feel after all that there is some justice in this failure to receive the unqualified approval of a long-suffering, variously-afflicted people.

We need no better illustration of our incompetency than was evidenced by our recognition or rather failure to recognize the cause of our epidemic of influenza in 1918 and 1919 and our treatment, in the early stages of this scourge. With what eagerness did a certain element of our population look to us for aid, and aside from personal effort, ill directed though it may have been, exerted by the individual physician, how poorly were they repaid. The efforts of our health officers, backed up in many instances by the advice of our best men in medicine, were, as the results proved, as futile as they were unnecessary. Business men were thrown into bankruptcy at our bequest; for a day we were kings; and what have we as a profession gained? A mass of unreliable statistics taken from our charity hospitals, and quoted against us with excellent results by our competitors in the healing art; vaccines galore—each with the approval of an authority—each of the shotgun type, so much derided by our journals, when the same line of thought produces a prescription in that form, not one of which was in my experience of any value to the patient; and what is most to our discredit, we are, after a lapse of two years, unable to state its etiology or the exact mode of its transmission, nor are we able to do other than alleviate its symptoms.

Success in general practice in medicine and surgery, it seems to me, depends upon two things—ability, which included training, study and experience; and personality, and the exact balance between the two is difficult to decide.

You can all recall at this moment many men of your acquaintance whose actual ability you may hold in serious question but whose success in the profession there can be no doubt, if success can be gauged by the flock of patients who crowd their reception rooms, or by the increase of their property holdings or bank balances each year; and with men of this type, personality must by long odds be the largest factor. Who is there among us who can honestly say that their success is not justified by the results obtained? I have often noted in my conversation with my confreres, a disposition on the part of all of us to stricture most severely some error either of judgment or of practice on the part of some man, yet who among us, after an hour or two of retrospection in the company of our old case records, with the knowledge before us of what happened to the individual since they were written, can truthfully say that he himself has been 100 per cent. efficient?

In the years of my practice I have witnessed the rise of modern surgery. From the day when, as a freshman student from the back row, I witnessed the attempted removal of an old man's prostate, the operator using a knife quite six inches long, with his instruments immersed in a strong

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solution of carbolic acid, while the nurse diligently sprayed a more dilute solution of the same drug over the operating field, and the hands of the surgeon and his assistants; to the present time, with the technique of a Young, a Dillingham, or a Cecil, seems a far cry.

Surgery has reached the place now where I sometimes think that the woman of thirty without an operation scar marring the smooth surface of the protective covering of her abdominal viscera, and by the way, almost the only protection which modern fashion has left for those same viscera, is *passee*, and I am quite sure that few there are in our more thickly-settled communities who have reached that age and had any reason at all for a consultation with the present up-to-date business man, whom we think of as the modern surgeon, who has not at least had a decoration of that character offered her.

I would like to believe that the "peak" in volume at least of modern surgery has arrived, and that from now on necessary life-saving and health-giving surgery, performed by skilful men of broad experience, would be the rule; but the millennium has not arrived, Utopia is not here, and as long as our present ideals, tainted as they are with the desire for personal aggrandizement and financial gain, exist, surgeons will be found who, through cupidity or personal vanity or sometimes through honest ignorance, will perform unnecessary operations.

Much progress has been made in obstetrical practice during these years, or so it seems to me, for I began my work in the era when pituitrin was undiscovered, when twilight sleep with its numerous modifications was unknown, and a Cesarean section was a spectacle to which all the nurses and available physicians were invited, and which they were eager to attend. I was not a little surprised to read lately that the mortality in obstetrics has remained unchanged during the last decade. I wonder if in this, as in so much in medicine, we have only improved our work in such a way that our knowledge and our skill is only available to that portion of the population which needs it least. For economic reasons I am quite sure that the average prospective mother cannot secure the best that we have to offer in obstetrics. I am not criticizing the individuals who, confronted by the necessity of accumulating a reserve fund for their old age, have elevated the cost of *loving* to such a point that none but the rich can avail themselves of their services, but rather the system under which we are working, and the fact that for this reason the vast majority of these cases are in the hands of midwives, by their sins of omission, and poorly trained physicians, with little or no experience, by their sins of commission so badly mismanaged. Of the two evils I prefer the former, for certainly the mortality among these patients with a do-nothing midwife must be less than from some of the mischievous obstetrical operations performed by incompetent men.

The branch of practice to which I think, as physicians, we can point with most pride is that of pediatrics. In this, as in no other section of our work, it seems to me we have made real progress.

Tremendous progress has been made in the management of the well child—a progress only held back by our eternal conflict with superstition and ignorance, masquerading in the guise so often of religious belief.

The medical profession, en masse, politically is a school of spineless jelly-fish, a flock of sheep scurrying blithely after their temporary leaders, lacking courage to have individual convictions, not swayed or perverted by lay friends or patients, and seemingly unable to pursue for any length of time a definite course toward a certain goal.

"They are harsh words," yet when one considers the growth and popularity of every cult of pathy inimical to the best interests of the profession and to the health of the community as we understand it, there seems some justification for it.

In 1920 for the first time a concerted effort made by the profession seems to have borne some political fruit. We, in Southern California, deserve little credit for it if one can judge by the actual result of the ballots in Los Angeles county, and yet if we consider the immensity of the task as compared with other sections of the state a modicum of self-congratulation is ours.

We are fortunate at this time in having in office in this community a man honest, fearless, and to use a euphonious colloquialism, a "fighting fool," when he is convinced of the justice of a contention or cause.

Aroused by first-hand knowledge of one of the hundreds of failures of Mary Baker Eddy's satellites to demonstrate that all is finite mind, he has shown what seems to me a commendable desire to aid us in conserving life, particularly that of children.

I grieve to say that the reception tendered his taking up the official cudgels against Eddyite healers has been marked in our controlling medical circles by a marked lassitude, a frigidity which seems to me to forbode the neglecting of a golden opportunity by the medical profession. I am creditably informed that, through fear of drawing upon our devoted heads the contumacious phrase, Medical Persecution by Political Doctors, our wise men of the State Medical have "viewed with alarm" this activity. For the last decade this allegation has been put forward by every law-breaker, every self-constituted healer in Christendom—we have had the name for ten years, may we not have the game as well, when the hour seems so propitious?

The attempt on the part of our preceptors to elevate the standard of education in the profession, has had what is to them perhaps an unlooked-for result. Certainly to us, in active competition for practice, with every cult, pathy and ism that fertile, avaricious minds can conceive, a period in which every doctor's name plate meant, a regular physician, more or less ethical, would seem like the land of pleasant dreams. I wonder if this attempt to secure a higher education, greater skill, and more culture in the medical profession, had been accompanied by a little less blaring of trumpets, a little less lobbying in the legislatures, I wonder if the open season for regular practitioners which you and I have been passing through

these last ten years would have been brought about?

An increase in the thinking capacity of individuals naturally brings out of the mass, an increased number who, in various ways, seek to secure the necessities of life with as little actual labor as possible. With this fundamental fact before us, and the tendency of the worker to combine against the intellectual element in the community exaggerated, as it has been by the unrest and uncertainty alike brought about as an aftermath of the war, what more natural to expect than the present attitude of the registered nursing profession toward us and our patients? I am quite willing to admit that some of you are well served by your nurses as in days gone by, but I am not willing to acknowledge that the changed attitude of trained nurses toward me and my patients is the result altogether of a feeling of antagonism against me as an individual physician. The fault herein lies with us, and not with this other profession. Through what I now believe to have been a mistaken conception, the personnel of our present registered nurse corps was recruited from a class of well-educated, well-bred young women, who honestly looked forward to a career as honorable and as honored as we ourselves. Time brought disillusionment. They found themselves in their hospital life compelled to perform the most menial tasks; graduated they were received in the families of the rich as upper servants, and among poor and ignorant as equals—and both were wrong. What wonder is it that these young women have lost their ideals? Their dream of service gone, they think only of themselves, and are as selfish as the rest of us. It seems to me a simple thing to remedy; it means but the continuation of the three-year intensive course for registered nurses with all the menial tasks eliminated. Young women of breeding and education, trained to the minute in all the technical details of modern medicine and surgery, fitted by their three-years' course to be supervisors and superintendents in hospitals and infirmaries, surgical assistants and operating-room nurses, office and laboratory assistants; and then from that great mass of the community—this working population—to recruit young women compelled by the exigencies of life to earn their own living; entrust to them in our hospitals, at a decent salary, the actual care of the sick; give them six months' training in bed making, in temperature taking, and pulse counting, the manipulation of the douche can, the bed pan and the urinal, and equally as important, in the exercise of tact and the psychology of the acutely ill person, and graduate them as trained nurses—sick room attendants—or anything you like, and you will give to the community a corps of women who will be of real help to your patients and a great comfort to you. The difficulties of this plan do not seem insurmountable to me. It is true that cosmetically and sartorially our hospitals may suffer. The movies will always attract from this class the better-looking flappers, but I am quite sure that enough will be left who would prefer this life to that of the factory or the department store to furnish a constant stream of applicants to our hospitals.

Right in our own ranks we number many men and women who seem to me to be factors militating against our future wellbeing as a profession. Among these I would ask you to consider the ultra-scientific mind; the doctor who indulges himself at the expense of his patient and his patient's nurse, in every form of analysis, psycho-, patho-, and sometimes, I fear, pseudo; and having arrived at a conclusion, dogmatically recommends to his patient some plan of treatment, some regime of life, as economically lacking in common sense as he is himself. What wonder is it that a by no means limited number of health-seekers should graduate from this training school to the far more simple, more economical post-graduate course offered by the various cults with which we are more actively engaged in competition as the years pass?

One other factor which has given me much food for thought in this same connection is: that young physician—to me, much to be envied—who, knowing from the day almost of his matriculation, just what particular field in medicine most appeals to him, plunges boldly forward upon his graduation in the pretended practice of a specialty. How often have I listened in a medical society to advice given by one of these young men, as to what I, as a general practitioner, should be able to do for my patient? Yet I cannot recall once having listened to any advice as to what the specialist should be able to do, and I sometimes feel that a knowledge of the comments made by patients, after a visit to some specialist, to their family physician would perhaps be valuable to the gentleman in question. I am not despondent over the future of this profession of ours. In our endeavor to elevate the standards of our profession we have antagonized all the elements of society other than our own, which derive their livelihood from the treatment of human ills.

We have enough truth as a foundation for our beliefs to assure us of the ultimate triumph of our methods. Cults will come and go, but our profession will live forever; and to make that assurance doubly sure, it behooves us, I think, to exercise a little more honesty of purpose, to follow the golden rule a little more closely, and to remove as far as possible the beams from our own eyes.

INDICATIONS FOR INFUSION OF BLOOD SUBSTITUTES AND TRANSFUSION OF BLOOD IN CASES OF TRAUMATIC HEMORRHAGE AND SHOCK.*

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It is not my intention in this paper to definitely outline clean cut, absolute indications for the infusion of acacia, glucose or sodium bicarbonate solutions, nor for the transfusion of blood; but it is my desire to make plain the more or less relative complex that guides us in the treatment of shock in the San Francisco Emergency Hospital Service.

Cannon defines shock as "A general body state occurring after severe injury, characterized by

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